

# CITY-COUNTY OPIOID, HEROIN, AND COCAINE TASK FORCE

## DRAFT WORK PLAN 2017

### PURPOSE

The City-County Heroin, Opioid, and Cocaine Task Force is charged with investigating and making recommendations regarding ways to ensure long-term health and safety of City and County residents by reducing fatal and nonfatal overdose from misuse of opioids, heroin, and synthetic analogs, and cocaine (in both powder and crack form) through data-driven public health prevention approaches. (City of Milwaukee Resolution 161061)

### INDICATORS OF SUCCESS

*Need to determine operational definitions, sources of data, and frequency of reporting.*

- Decrease in narcotic overdose deaths. **50% reduction by 2022**
- Decrease in the times narcan is used by EMS, due to a lack of demand, not a lack of supply or availability.
- Reduction in recidivism to drug treatment court, where cocaine or heroin/opiates are identified as their primary drug of use.
- Increase in drug treatment court capacity.
- Decrease in drug involved homicides. **50% reduction by 2022**
- Increase in funding to the city and/or county to address substance use disorders, especially heroin, opioids, and cocaine. **5% increase by 2022**
- Increase in involvement from every municipality to contribute to outreach and education regarding substance use disorders, especially heroin, opioids, and cocaine. **100% of Milwaukee Co. municipalities involved by 2018**
- Increase in number of EDs providing a warm hand-off into treatment or detox for those with substance use disorder. **100% of Milwaukee Co. EDs by 2022**
- Increase in number of fixed site medication drop boxes.

## **SUMMARY OF GOALS AND STRATEGIES**

- A. Increase naran and naloxone availability in non-medical settings within the community.
  - a. Support and expand already existing naran and naloxone training and distribution programs (ARCW, Mke Co EMS, Mke Co BHD).
  - b. Support legislation that mandates the availability of naran or naloxone in specific community settings (schools, treatment centers, prisons/jails, etc.)
- B. Enhance community-based options for easy, safe, and environmentally friendly medication disposal.
  - a. Expand number of fixed-site medication drop boxes.
  - b. Increase frequency of single day drug take back events.
  - c. Promote importance and availability of safe and environmentally friendly medication disposal.
- C. Enhance community understanding of substance use disorders, including heroin, opioids, and cocaine.
  - a. Launch social media campaign focused on prevention and destigmatizing substance use disorder and to promote seeking treatment.
  - b. Monitor and promote already existing community programs that focus on stigma reduction and peer support.
  - c. Monitor and promote school-based initiatives to reduce illicit substance use and/or recreational drug use.
- D. Enhance and broaden the continuum of care for substance use disorder, including heroin, opioids, and cocaine, throughout the county.
  - a. Expand medically assisted treatment (MAT) capacity for heroin and opioid dependency.
  - b. Expand residential treatment capacity.
  - c. Reduce wait-time for admission into treatment.
  - d. Enhance care management of those identified with a substance use disorder moving from ED admission to treatment.
  - e. Expand aftercare and relapse prevention initiatives, including sober housing.
- E. Enhance availability and quality of timely data about heroin, opioids, and cocaine use.
  - a. Support the identification of funding to modernize toxicology testing equipment at the Milwaukee County Medical Examiner's office.
  - b. Support efforts to streamline and collate data from multiple sources (OEM, BHD, MEO, etc)
  - c. Increase frequency of data reporting made available to stakeholders and general public.
- F. Enhance collaboration between community-based initiatives and government agencies.
  - a. Leverage funding opportunities through collaboration.
  - b. Support opportunities for continued shared learning of new initiatives and best practices.
  - c. Provide opportunities for community input.

**GOAL A: Increase narcan and naloxone availability in non-medical settings within the community.**

| STRATEGIES & TACTICS  | Current Status  | Responsible Parties | Time Frame | Outcomes & Process Measurements | Fiscal Impacts |
|---|---|---------------------|------------|---------------------------------|----------------|
| a. Support and expand already existing narcan and naloxone training and distribution programs.  |   |                     |            |                                 |                |
| Include messaging about narcan in a comprehensive media plan  | Many myths or negative viewpoints on narcan.                  |                     |            |                                 |                |
| Standardize narcan training.  | Many different training providers, no standardized algorithm. |                     |            |                                 |                |
| b. Support legislation that mandates the availability of narcan or naloxone in specific community settings (schools, treatment centers, prisons/jails, etc.). |   |                     |            |                                 |                |
|   |   |                     |            |                                 |                |
| c. Facilitate an opportunity for those who utilize narcan or naloxone to identify barriers and recommendations for improved availability.                     |   |                     |            |                                 |                |
|   |   |                     |            |                                 |                |

**GOAL B: Enhance community-based options for easy, safe, and environmentally friendly medication disposal.**

| STRATEGIES & TACTICS   | Current Status | Responsible Parties | Time Frame | Outcomes & Process Measurements | Fiscal Impacts |
|--|----------------|---------------------|------------|---------------------------------|----------------|
| a. Expand number of fixed-site medication drop boxes.  |                |                     |            |                                 |                |
| Prioritize pharmacy locations.   |                |                     |            |                                 |                |
| Draft concept for an “adopt a box” program for sponsorship.                                    |                |                     |            |                                 |                |
| b. Increase frequency of single-day drug take back events.                                     |                |                     |            |                                 |                |
|  |                |                     |            |                                 |                |
|  |                |                     |            |                                 |                |
| c. Promote importance and availability of safe & environmentally friendly medication disposal. |                |                     |            |                                 |                |
| Social media campaign  |                |                     |            |                                 |                |
| Joint statement/policy regarding preferred methods of med disposal and/or standards            |                |                     |            |                                 |                |

**GOAL C: Enhance community understanding of substance use disorders, including heroin, opioids, & cocaine.**

| STRATEGIES & TACTICS   | Current Status | Responsible Parties | Time Frame | Outcomes & Process Measurements | Fiscal Impacts |
|--|----------------|---------------------|------------|---------------------------------|----------------|
| a. Launch social media campaign focused on prevention and destigmatizing substance use disorder, and to promote seeking treatment. |                |                     |            |                                 |                |
| Draft comprehensive media plan.  |                |                     |            |                                 |                |
| b. Monitor and promote already existing community programs that focus on stigma reduction and peer support.                        |                |                     |            |                                 |                |
| Support and promote the inventory being done by COPE to have better awareness of community programs and efforts.                   |                |                     |            |                                 |                |
| c. Monitor and promote school-based initiatives to reduce illicit substance use and/or recreational drug use.                      |                |                     |            |                                 |                |
|  |                |                     |            |                                 |                |
|  |                |                     |            |                                 |                |

**GOAL D: Enhance and broaden the continuum of care for substance use disorder, including heroin, opioids, and cocaine, throughout the county.**

| STRATEGIES & TACTICS | Current Status | Responsible Parties | Time Frame | Outcomes & Process Measurements | Fiscal Impacts |
|----------------------|----------------|---------------------|------------|---------------------------------|----------------|
|----------------------|----------------|---------------------|------------|---------------------------------|----------------|

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|---|--|--|--|--|--|
| a. Expand medically assisted treatment (MAT) capacity for heroin and opioid dependency.                             |  |  |  |  |  |
|   |  |  |  |  |  |
| b. Expand residential treatment capacity.   |  |  |  |  |  |
| Provide stakeholder and community education about residential treatment (benefits, length, who, etc.)               | Many don't understand residential treatment, simply often viewed as the fix-all. |  |  |  |  |
|   |  |  |  |  |  |
| c. Reduce wait-time for admission into treatment.   |  |  |  |  |  |
| Provide data on average wait times.   | Many myths surrounding the idea of wait times.                                   |  |  |  |  |
|   |  |  |  |  |  |
| d. Enhance care management of those identified with a substance use disorder moving from ED admission to treatment. |  |  |  |  |  |
|   |  |  |  |  |  |
| e. Expand aftercare and relapse prevention initiatives, including sober housing.                                    |  |  |  |  |  |
| Host a sober housing symposium.   | Many best practices throughout US to learn from.                                 |  |  |  |  |
|   |  |  |  |  |  |

**GOAL E: Enhance availability and quality of timely data about heroine, opioids, and cocaine.**

| STRATEGIES & TACTICS  | Current Status | Responsible Parties | Time Frame | Outcomes & Process Measurements | Fiscal Impacts |
|---|----------------|---------------------|------------|---------------------------------|----------------|
| a. Support identification of funding to modernize toxicology testing equipment at MCMEO.              |                |                     |            |                                 |                |
|   |                |                     |            |                                 |                |
| b. Support efforts to streamline and collate data from multiple sources (OEM, BHD, MCMEO, PDMP, etc.) |                |                     |            |                                 |                |
| Inventory all available data sources, including non-traditional.                                      |                |                     |            |                                 |                |

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| c. Increase frequency of data reporting made available to stakeholders and general public. |  |  |  |  |  |
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**GOAL F: Enhance collaboration between community-based initiatives and government agencies.**

| STRATEGIES & TACTICS   | Current Status  | Responsible Parties                         | Time Frame | Outcomes & Process Measurements | Fiscal Impacts |
|--|---|---|------------|---------------------------------|----------------|
| a. Leverage funding opportunities through collaboration.   |   |   |            |                                 |                |
| Utilize grant writing professionals to facilitate collaboration and enhance quality of applications.   | Milwaukee County BHD has a contracted grant writer.   |   |            |                                 |                |
| b. Support opportunities for continued shared learning of new initiatives and best practices.  |   |   |            |                                 |                |
| Identify a single source (website/coalition/group) to be the central clearing house for local efforts.   | Light Unite Red is actively bringing together local health departments to promote each other's efforts. COPE has an ongoing inventory of local efforts. |   |            |                                 |                |
| Explore the idea of a learning collaborative or community of practice, so that efforts can build from each other's successes and problem solve as a group. | Traditionally done via conferences, no ongoing effort.  |   |            |                                 |                |
| c. Provide opportunities for community input.  |   |   |            |                                 |                |
| Ensure community voice (focus groups, advisory panels, &/or peer worker, etc.) is included in every  | Sporadic  | All Task Force partners and those that they | Ongoing    |                                 |                |

|                 |  |               |  |  |  |
|-----------------|--|---------------|--|--|--|
| grant proposal. |  | partner with. |  |  |  |
|                 |  |               |  |  |  |

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